HANSARD

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COMMITTEE

ON

PUBLIC ACCOUNTS

Wednesday, October 4, 2023

COMMITTEE ROOM

2023 Report of the Auditor General
Ground Ambulance Services:
Department of Health and Wellness and Emergency Medical Care Inc.

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Public Accounts Committee

Hon. Kelly Regan (Chair)
Nolan Young (Vice Chair)
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Danielle Barkhouse
Hon. Brendan Maguire
Susan Leblanc
Lisa Lachance

[Danielle Barkhouse was replaced by John White.]
[Susan Leblanc was replaced by Claudia Chender.]

In Attendance:

Kim Leadley
Acting Committee Clerk

Gordon Hebb
Chief Legislative Counsel

Kim Adair
Auditor General, AGO

WITNESSES

Department of Health and Wellness
Jeannine Lagassé
Deputy Minister

Craig Beaton
Associate Deputy Minister

Jeff Fraser
Executive Director

Nova Scotia Health Authority
Karen Oldfield
Interim President & CEO

Dr. Nicole Boutilier
Executive Vice President, Medicine and Clinical Operations

Emergency Medical Care Inc.
Paula Poirier
President & COO

Charbel Daniel
Executive Director, Provincial Ground Operations

Jan Jensen
Executive Director, Medical Communications, Patient Flow, System Performance

House of Assembly
Nova Scotia

HALIFAX, WEDNESDAY, OCTOBER 4, 2023

STANDING COMMITTEE ON PUBLIC ACCOUNTS

9:00 A.M.

CHAIR
Hon. Kelly Regan

VICE CHAIR
Nolan Young

THE CHAIR: Order. I now call the meeting of the Standing Committee on Public Accounts to order. My name is Kelly Regan. I'm the MLA for Bedford Basin and I'm the Chair of this committee. I would remind my colleagues to place their phones on silent, and I'm going to ask committee members to introduce themselves, beginning with the Vice Chair, Mr. Young.

[The committee members introduced themselves.]

THE CHAIR: I will also note that officials from the Auditor General's Office, Legislative Counsel Office, and Legislative Committees Office are in attendance as well.

On today's agenda, we have officials with us from the Department of Health and Wellness, Nova Scotia Health Authority, and Emergency Medical Care Incorporated, regarding the 2023 report of the Auditor General: Ambulance Ground Services.

Just for folks who are making their first appearance here at committee, I call upon you to speak and your microphone should light up, and then you can start talking. Just so you know how that works. I am going to ask the witnesses to introduce themselves, beginning with the witness on the far right, Deputy Minister Lagassé.

[The witnesses introduced themselves.]

THE CHAIR: Because we have a cast of thousands, just so I know who is going to be speaking when a question is asked and who's going to answer, if I could get a nod of recognition, a flicker of the finger or something, then I'll have a clue whom we should go to, okay? I will invite Deputy Minister Lagassé to make opening remarks.

JEANNINE LAGASSÉ: Thank you, Madam Chair. Before I begin, I would like to recognize all of our paramedics, some of whom will receive long service awards at a ceremony this afternoon. Whether you have 40 years of service or are just starting your career, I want to say thank you.

The Auditor General's report confirms what we already know: There are system pressures and challenges affecting ambulance response times that must be addressed. We agree. That is why we have accepted all of the recommendations. There is a lot of work under way to improve emergency care, some of which includes more and better-equipped ambulances; more staff in the Medical Communications Centre to divert non-emergency calls to the right service; new patient transfer units; more medical transport vehicles; a single paramedic emergency response program; and a new second transport plane to move non-critical patients between Halifax and Yarmouth and Cape Breton.

The issues impacting ambulance off-load and response times are not confined to Emergency Health Services operations alone. They are systemwide. A recent letter from Canada's emergency physicians to the Prime Minister and all health ministers and premiers speaks to the challenges we are discussing today. It talks about the lack of hospital capacity, primary care providers, and acute care nurses as the main reasons for ED congestion and lengthy ambulance response times. It notes these issues are happening across the country and that these pressures have been building for some time. Primary care, hospital care, long-term care, mental health and addictions, emergency care: they are all connected parts of one whole, where challenges in one area can create challenges in others.

When you compare the actions we've taken against the pleas of Canada's emergency doctors, you will see our priorities are very closely aligned. In many respects, Nova Scotia is ahead of the curve in implementing the strategies they have called for, including better care management and focused investments in primary care teams, better care for the elderly and most seriously ill, and training, educating and recruiting health care professionals. As we wait for new beds to open and continue working to attract more health care providers, we will continue to implement new approaches to better manage the resources available to us right now and to transform the health care system for the benefit of patients and providers.

THE CHAIR: Next we go to Ms. Oldfield.

KAREN OLDFIELD: Really five points. In addition to what our deputy minister has said, I would maybe synthesize with these five points: This is about patients and providing the very best care possible to our fellow Nova Scotians. It is about staffing, No.

2, where we continue to see challenges across our health care system: EHS, Nova Scotia Health Authority, long-term care. This is about beds and though we have invested and will be building beds, we sort of need them today. This is also about data and using data for informed decision-making. Finally, No. 5, this is about taking actions with the input of our frontline staff. I look forward to discussing these issues with the committee today.

THE CHAIR: Ms. Poirier.

PAULA POIRIER: Good morning, everyone. On behalf of Emergency Medical Care Inc., I'd like to offer our sincerest gratitude to the committee members for inviting us to participate in today's discussion on the findings and recommendations of the Office of the Auditor General's report on ground ambulance services. We fully support all of the recommendations and are committed to working with the government and our health system partners on these recommendations. Joining me today are Jan Jensen, executive director, Medical Communications, Patient Flow and System Performance; and Charbel Daniel, executive director, Provincial Ground Operations.

First, I want to extend my deepest appreciation and thanks to our employees for their unwavering commitment and service to Nova Scotians. They form the backbone of our operations. They're the ones you see in your committee, not only as paramedics but also as residents and active members. They know the service they provide is not only for Nova Scotians at large; it's for those who reside in their community, their friends and families.

In choosing emergency health services as a career, one is choosing to be of service to others. Through compassion and professionalism, they provide patients with high-quality emergency medical care no matter the environment. I want them to know that we will continue to work with them to build more improvements to better their work environment. Retaining and growing our teams is a high priority for us.

Emergency Medical Care Inc. has been the proud service provider of ground ambulance services since the purpose-built province-wide Emergency Health Services system began 25 years ago. We have and continue to work collaboratively with our partners at this table to provide the emergency health system that Nova Scotians deserve. We would like this committee and all Nova Scotians to understand that we take the responsibility that we have been given as a health system operator very seriously.

We recognize that the system is under strain for various reasons that impact emergency care. We will continue to innovate and work with our health system partners to ensure solutions are explored that will improve service delivery and care for Nova Scotians.

On behalf of our entire team, I want Nova Scotians to know that despite systematic pressures, we will always be steadfast in our commitment to respond promptly and effectively as we continually work to meet the ever-changing needs of our communities.

[9:15 a.m.]

THE CHAIR: How this works is that each caucus gets 20 minutes to question the witnesses, and then we divvy up the remainder of the time among the three caucuses after that. We start off with 20 minutes. We begin first with the Liberal caucus and Mr. Churchill.

HON. ZACH CHURCHILL: I'd like to thank the presenters so much for their time, and the Auditor General for the really important work on this file. Very concerning statistics that we're seeing, particularly developing over the last two years: upwards, according to the Auditor General, of an 80 per cent increase in off-load wait times in two years. We are seeing more paramedics leave the profession than ever before. These are the worst off-load times that we've had in our province's history.

We actually have a good diagnosis from the Auditor General of why we're actually seeing such a situation getting worse, particularly over the last two years. The Auditor General referred to closures of rural emergency departments in Middleton and Baddeck. I think there have been 12 overall rural emergency departments that have been closed or experienced higher levels of closure. This, of course, impacts response times across the province.

We've also seen no follow-through on previous ministerial directives to deal with off-load wait times in our hospitals. The real concerning thing here that I don't think we can lose track of in the committee or in the public discourse around this is that this is impacting patients in a very serious way. We've been speaking with emergency doctors who are saying people are dying needlessly as a result of this situation. This lack of resources, the situation getting worse with off-load times, is affecting life and death in our emergency care.

One thing that really, I think, shocked me was there has actually, according to the Auditor General, been an effort to report less on these off-load wait times. There's less accountability between the Department of Health and Wellness and the Nova Scotia Health Authority on this issue. That's really concerning for me, because you have off-load wait times in many emergency departments exponentially increasing. You have the overall off-load wait times increasing by 80 per cent. This is impacting life and death in hospitals in a demonstrable way, and yet we have a government that seems more interested in reporting less on these facts to Nova Scotians instead of reporting more.

My first question is - and this is despite the fact even between the contract with EMCI and the Province there's room for accountability, more reporting, which was signed under the previous government. Despite this fact, I do have to ask: Why have we seen less reporting on these issues which are impacting individuals in Nova Scotians' lives and access to health care they need in their most desperate moments?

THE CHAIR: Mr. Beaton.

CRAIG BEATON: A couple of points that I would make: We've actually not seen less reporting; we've actually moved to an online reporting dashboard that is publicly available. Previously we did have monthly reports that were coming in, but we felt that it was more transparent to put it out publicly and make sure that those reports were going forward.

Off-load times obviously are concerning, but that's why there are a number of system initiatives that are happening right now to make a move toward decreasing those off-load times. The Auditor General's Report did confirm what we had already known, that off-load times were an issue. The measurements that they did look at were for up until December 2022. I'm happy to report that off-load times did have a significant decrease from January until August of this year, which actually decreased by about 10 minutes collectively across the system, going down to an average of about 90 minutes. Certainly happy with seeing the progress. I think that speaks to a number of initiatives that we've put in play over the last two years.

ZACH CHURCHILL: I'm going to take a two-year viewpoint on off-load wait times. That is when the last election happened. That is when we started to see a very serious growth in off-load wait times. The small pullback in off-load wait times over the last number of months doesn't make up for the in some cases exponential growth of off-load wait times in the province.

Again, I will remind the committee that off-load wait times have gone from being an issue at two of our largest hospitals in the province to an issue for every single emergency department in the province. Again, the Auditor General was very clear that there has been less accountability between the Department of Health and Wellness and the Nova Scotia Health Authority, and that the department ceased to monitor ground ambulance response times in August 2022. These are very concerning. It seems the government is more interested in presenting a good public story than actually dealing with the reality on the ground that's impacting patients every single day.

Certainly, we hope that more public reporting happens, particularly on the ground ambulance issue, which is impacting people. Again, the situation has gotten worse over the last two years. We had a government that really got elected in particular on the off-load issue. We all remember the story that happened in the election that impacted the outcome. We were told that the Premier had solutions. He was going to fix this, but in fact we've seen the opposite happen and the situation get drastically worse under the leadership of the Premier, and with also having more control out of the Premier's Office over the health care system, having more political control over the health care system, putting partisans in charge of it instead of actually having medical professionals manage our health care system. This is when we start seeing things get worse.

We have to look at the emergency department closures in rural Nova Scotia. Two big ones that we've heard a lot about that are impacting our response times in Cape Breton

and in the Valley would be at Middleton and Baddeck. We've spoken with citizens and medical professionals in these areas who are terrified that they're not going to be able to get the support they need when they're dealing with an urgent situation.

We saw in the Valley volunteer fire departments being called into hospital to do life-saving procedures on people. This is a very scary situation. When it comes to our emergency department closures and the clear link between closures of our rural emergency departments - again I believe there have been 12 under this government - and the link that the Auditor General has made between emergency department closures and the drastic increase in off-load wait times, what is the plan to get our rural emergency departments back open so they can be there for people living in remote areas when they most need it?

THE CHAIR: Ms. Oldfield.

KAREN OLDFIELD: A lot to unpack in those remarks. This is the opportunity, because you have in front of you the people who are working on this every single day. I'd like to maybe touch on the accountability issue first. I certainly read the Auditor General's comments with interest. I also read the departmental response. What I would like to assure Mr. Churchill, through the Chair, is that this group of people is looking at off-load data, everything impacting off-loads every single day.

I suppose if one were to say accountability ultimately for the Health Authority rests with me. It is very high on my list of things that needs to be attended to. We are in a crunch, and the deputy minister referred to the letter from the Canadian Association of Emergency Physicians, which we fully agree with. As well, there is another letter that has been tabled - I'm not sure if the committee has it; if not, we certainly can - from the Paramedic Chiefs of Canada, which we would also agree with. All these issues are known to us, and the challenge is how to overcome them.

We have two major problems in our province right now: a lack of beds and a lack of staff. Layering all of that across the entire province and servicing over one million people is no easy feat. I really have to commend our ER medicine teams for all of the work they do. If we could wave our magic wand and supply them with additional people, we certainly would. They are very, very challenged.

We have made certain decisions: one, a very important decision, is to make sure that our regional emergency departments remain open. If an emergency department at a regional hospital closed in this province, we would be in very serious difficulty. That has meant a deployment, or redeployment in some cases, of staff to ensure that has stayed the case. That is a challenge in our rural parts of the province, but that certainly doesn't mean they are ignored. We've looked at alternative ways that we can assist in the rural parts of the province. In that regard, the urgent treatment centres, while not full emergency departments, are a very important part of our path forward. There are a number of urgent treatment centres: North Sydney, Parrsboro, Tatamagouche - I think there are eight or nine

currently across the province. Certainly, while not a perfect solution, it's much better than a full and complete closure.

I think that we've done many things to look at the off-loads, to improve the off-loads. Mr. Beaton mentioned improved times from January to earlier this Summer. That's a fact, and those improvements came as a result of very specific measures that were put in place early in the new year. Can we stop? No. This is a continuous loop of improvement. We have another whole raft that will be coming. The difficulty is the staff to do all the things that need to be done.

I'm going to ask my colleague, Dr. Boutilier, if she would like to add to any of what I've just said.

THE CHAIR: Before we continue with that, I'll check with Mr. Churchill to see if he wants to hear further or if he has more questions he'd like us . . . (interruption). Thank you. Just so folks know, I'm just doing this to move things along because what we've had in the past is deputy ministers try to rag the puck and then pass it down the line, et cetera. In order to get in enough questions so people can understand this topic in a fulsome way, I do give MLAs the opportunity to indicate whether they want to hear from further people. Mr. Churchill.

HON. ZACH CHURCHILL: Thank you so much, Madam Chair. Thank you, Ms. Oldfield, for the response. My worry is that we keep hearing that the situation is getting better and we're seeing improvements . . .

THE CHAIR: Seven minutes.

ZACH CHURCHILL: . . . when what's becoming particularly and acutely obvious is the situation is getting drastically worse - exponentially worse in many cases. Yes, we do have a staffing issue. That is a challenge that every jurisdiction is facing, but we've also heard from the union previously - a health committee that talked about retention issues in Nova Scotia. I think we lost 49 paramedics last year, and this is despite the fact the government has brought in a retention bonus for paramedics.

We heard from the paramedics' union and from a number of paramedics that they weren't happy about that and that they weren't consulted on the retention bonus. In fact, we tried to get the union in today to share their thoughts on this issue, because we know that staffing is one of the biggest challenges on this file. That was denied by the governing caucus. I think the member for Colchester North asked: What the heck would we do with bringing them in here to talk about their contract? We don't have to talk specifics about the contract. We can talk about what paramedics are experiencing, why we're dealing with a real retention issue, or why more paramedics are leaving in the last two years than they've ever left before - out of the profession.

[9:30 a.m.]

We could hear their thoughts on why we're buying more ambulances at a time when we have fewer people to staff them, and we now have a quarter of our ambulances that are unstaffed at any given time on the road. This is frightening, and yet we have advertising throughout the province about how health care is improving. In some areas, certainly, we're seeing better access in some elements for colds and strep throat through pharmacists - that's a good thing. We commend the government on that, but when it comes to services required to help people in their moments of greatest need - when it's life or death - we are seeing a scary decline in response times and in the ability to save lives in Nova Scotia.

For people experiencing this, it is a very scary thing. People are losing loved ones as a result of this. We need to understand what the plan is to deal with the paramedic recruitment and retention issue, because again, we are seeing more paramedics leave now than ever before. The only real effort we've seen thus far is the retention bonus that clearly wasn't - there was no consultation that happened with the paramedics on this. By all accounts, most paramedics I spoke with were pretty upset and not happy with that bonus. That was a lot of money that was spent - close to $400 million - not just for paramedics, of course, but for nurses as well.

To have a retention bonus that upset people more than they were before certainly isn't going to help. What are the government's intentions in terms of dealing with the paramedics' representatives through their union, and addressing this major retention issue that we're having? How are we going to stem the bleeding from people leaving the system at a time when we need them the most?

THE CHAIR: Mr. Daniel.

CHARBEL DANIEL: There are several contributing factors to the current work environment and workforce. It's a lot to unpack, so I'll do my best to walk through the different pieces. At a high level, work environment is one of the contributing factors, compensation is one of the contributing factors, and the work itself is another contributing factor.

If we talk about the work environment in and of itself first, we've seen a lot of initiatives put in place with the support of the Department of Health and Wellness that have helped address additional approval of vacation time to ensure paramedics get the time they need, and policies in place to help paramedics get off on time - end their shifts when they need to.

With regard to compensation, we're happy to report that, with the support of this government and in collaboration with the union, we've begun talks in June of this year, which was actually a few months earlier than when the collective bargaining was supposed to open. We're also happy to announce that we have a tentative agreement that is out for

ratification with paramedics, which will be voted on in the next couple days. We'll hopefully have a result by Friday.

With regard to the work itself, we have a lot of paramedics who are off because of the environment. It's a tough job. There's no question about it. We lose paramedics who go off on medical leave for either mental health reasons or physical injuries. We've put a lot of work in those areas to ensure that we help these paramedics get back to work and have a healthy lifestyle.

With regard to the mental health side of things, we've done a lot of expansion with the Department of Health and Wellness team. We've added several resources in there. We've added programs such as Connect and Recover to help mirror paramedics who are off with other employment opportunities to get them back into the work environment. We've got a robust peer team that helps engage with our teams after difficult calls and difficult situations to navigate those areas.

On the physical injury side of things - I should have started highlighting at the beginning of this that a lot of these ideas come from our frontline team members. Late last year, a committee that we formed called the Employee Advisory Council made up of frontline paramedics meets on a monthly basis to discuss these very issues: what is affecting the retention of paramedics and how to keep them at work and how to keep them in Nova Scotia. A lot of these ideas and suggestions I just talked about came from that committee, including the equipment that's gone into place and we've seen the funding come from government to support, such as the power loaders and power stretchers, the first-in medical kits, which are lighter medical bags that the paramedics carry to reduce back injuries, a new riser device that we're piloting right now to help lift patients off the ground, new more ergonomic ambulances, new stair chairs to help move patients from different areas of their homes - so that there are a lot of factors and things . . .

THE CHAIR: Order. Order. The time for the Liberal questioning has elapsed. Sorry, I didn't mention ahead of time that I might just out of the blue interrupt you there. I will now move on the NDP caucus for questioning. Ms. Chender.

CLAUDIA CHENDER: We'll get back to that (laughs). Good morning. There may be some repetition but I do want to dig a little bit more deeply into some of this. For one thing, we know that these data are almost a year old. That's contemplated in the report. We also know that things do not seem to be improving. As of September 10th of this year, the average ER off-load time was 110 minutes. That's way above the 30-minute target. That obscures the very long wait times that are above average and many of our hospitals here experience that. A hundred and fifty-five minutes at the Cobequid Community Health Centre; 170 minutes at the Dartmouth General Hospital; and 195 minutes, over three hours, at the QEII Health Sciences Centre, to which so many people are brought in such critical condition.

We had a similar committee meeting five or six years ago, when we were, in fact, permitted per our motion to bring the paramedics' union, and the question was put to them: What does this mean? It's not just the off-load times. It's the response times, which we'll get to. He said it means people die. That has always stuck with me throughout my career. It means people die.

I do want to thank everyone here. As Ms. Oldfield said, I know that you all spend your time trying to fix this problem, but it's been over two years. The promise was a fix for health care and we haven't seen these times move significantly. I think we heard 10 minutes. I would like to see that average extrapolated amongst these different sites that I've mentioned. When are we going to meet the targets? When are we going to get to a place where we don't need to be concerned that Nova Scotians' health and lives will be impacted by these wait times that are so far off the target of what is acceptable?

THE CHAIR: Mr. Beaton.

CRAIG BEATON: I can assure you that the wait time of people waiting for ambulances weighs on all of us deeply across this table, which is why we've put a number of initiatives in place to try to address that. I would say that this has been building for a number of years, so it's going to take us some time to get out of where we are, and I think we have been showing signs of making progress towards that. You've mentioned an average time of 150 minutes. We do know that in four regional sites, the times have gone down over the last eight months since January. As I mentioned, the Auditor General's report - the data collected are up until December of 2022. We monitor that data on a daily basis with Mr. Fraser and his team. They're very deep into the analytics in conjunction with Mr. Murphy, who's also with us from Nova Scotia Health.

Response times are absolutely a concern as well. We have seen a reduction in the last number of months too. It's only a few minutes, but it does show a signal in the right direction from 28 minutes down to 25 in terms of average response time across the system. I do highlight that we've done some jurisdictional review across the system as well. Across Canada, the typical average off-load time in terms of what they monitor in terms of a standard is about 45 minutes. Our standard is a little bit more aggressive. I can tell you that no jurisdiction is meeting their standard because of the reasons that we talked about before, which is a human resource issue.

There is a significant human resource issue in paramedicine across the country. As Mr. Daniel had talked about, there are a number of initiatives under way to try to retain, but also on the recruitment side, we're looking heavily. I do know that Emergency Medical Care Inc. has either just come back or they were in market in Australia looking to recruit paramedics, working collectively with our college around how we modify entry requirements in scope.

In closing, I would say that we are tracking in the right direction, but there's no silver bullet. There are a number of initiatives that we have instituted that I think are making progress. I would just highlight one in particular, which is trying to divert ambulances from actually coming into the emergency room. We have the single paramedic response units. Those didn't exist two years ago. We have them now in place, and they're active mostly in Central Zone. Obviously, we're looking to expand that.

Just to give you an anecdote about the duration of how many people that diverts from an emergency department, there are roughly about 6,000 average visits to the QEII per month. The spare units are diverting about 500 per month. If you average that out over a year, that's a whole month's worth of emergency department visits diverted through a single response unit, which is actually treating people in the community.

THE CHAIR: Ms. Chender.

CLAUDIA CHENDER: There's a lot in there. You mentioned the times, so I would be remiss if I didn't note that off-load times - our target was 20 minutes, and then it moved to 30 minutes without much discussion. While I appreciate that those times aren't being met across the country, I would say we have some unique barriers here that could be alleviated.

Again, I want to note that we're not hearing from paramedics in this conversation. Their voice is invaluable here because they can speak to what's on the ground, so I'm certainly hopeful that they will - I know that Mr. Fraser was a paramedic. He is not currently in the field, and he is in a management position with the Department of Health and Wellness, so with respect, I don't think that counts in the context of this conversation.

THE CHAIR: Ms. Chender, I'm sorry, we have a point of order here. Mr. Taggart.

TOM TAGGART: In a previous preamble and again here, we refer to paramedics - I truly appreciate paramedics - but it was said that five or six years ago, paramedics were before this Public Accounts Committee. I'd like to have that tabled if I could, please.

THE CHAIR: Mr. Taggart, I'm going to add another minute onto the NDP time. Ms. Chender.

CLAUDIA CHENDER: Anyone can look through Hansard and find the record of that. Just to get back to where we are, we do have some unique challenges here, and ones that I think could be addressed. I'm glad we have people in market in Australia, but we are bleeding paramedics here, and one of the reasons is compensation. We have the lowest compensation. Glad to hear that there's a contract coming, but there are many things we hear from paramedics that could be done.

We hear that they don't actually feel supported in their health and wellness. We hear that they don't feel supported in their return to work. This is anecdotal, but these are a number of conversations across the province that we have. I will leave that with you since we don't have that voice in front of us.

I do want to just turn to responsibility. I love that we have a team here and that it's all hands on deck, but at the end of the day, my understanding is that the Nova Scotia Health Authority is ultimately responsible for off-load times. Of course, that's via Emergency Medical Care Inc., which is the provider, but the Nova Scotia Health Authority, in theory, manages that contract. I know that the Auditor General's report did suggest that the response recommendation 1.5 around managing that contract is insufficient.

This is for the deputy minister. I want to ask Ms. Lagassé: Who is responsible for this? At the end of the day, where does the buck stop in terms of ensuring that we have accountability, and we turn it around?

THE CHAIR: Deputy Minister Lagassé.

JEANNINE LAGASSÉ: I think we've already had a bit of discussion about this and Ms. Oldfield spoke to it a bit earlier. As the Auditor General herself says in the report, the system is extremely large and complex. As a team, that's why there are so many people here today. We are working toward solving the challenges and pressures that are within the system, including off-load delays, which will then also lead to increases hopefully in response times.

In doing so, we have to look at all of those problems as a system. We can't look at things in isolation and hope that a change in one area is going to be a change in the other. From an accountability perspective, as Ms. Oldfield said, there are three of us here who are ultimately accountable for our organization. There is no question about that, but the value that health leadership team is bringing is - we're trying to solve those problems as a system.

The health leadership team is ultimately accountable to the minister, but we can't do it - my organization, Ms. Oldfield's organization, Ms. Poirier's organization - individually. We have to do it together, and that's where we see the value in the health leadership team and that system accountability.

Yes, there's individual organization accountability, but it's about the system, and that's why we're doing it together.

CLAUDIA CHENDER: I want to move on in a minute to the human resources piece that we talked to, but before I do that, I just want to go to the ER closure question, because although we do have those urgent treatment centres, although they are playing a role, my understanding, and you can correct me if I'm wrong, Ms. Oldfield, is that they

actually don't impact ambulance off-load per se because ambulances can't off-load in those centres.

[9:45 a.m.]

This is what we hear from paramedics. If we get a call in Middleton and Middleton is closed, then we might be driving to Kentville or we might be driving to Yarmouth, and if we're driving to Yarmouth, that's a real problem for everyone involved. It's a problem for the patient, it's a problem for us, it's probably a problem for Yarmouth down the road. How is the patient going to get home?

Our understanding, based on the Accountability Report, was that emergency room closures doubled year over year last year. The human impact of that, of course, is Nova Scotians in communities across the province who cannot access emergency care in an equitable way. My specific question is: When will those ER closure times improve, or can we just not expect to have emergency rooms in smaller communities in Nova Scotia?

THE CHAIR: Ms. Oldfield.

KAREN OLDFIELD: I would never want to give up and say that will happen. Our job is to work as hard as we possibly can to recruit and to put the right skill sets in the best place possible. I'm not going to throw in the towel on rural emergency departments. However, we have to do something, hence our urgent treatment centres are something. To a rural Nova Scotian, I would say, You've got to do more, Karen. You've got to do it a lot faster. I hear this too, every day. I talk to our staff, I talk to people. I've been around this province three times in two years talking to stakeholders, to people, to staff. I hear the same things that you're hearing.

I don't sleep very well because I'm looking for the silver bullet. I'm looking for the needle in the haystack. It just doesn't exist. Yes, we're recruiting NPs, we're recruiting nurses, we're recruiting physicians. We're making strides there, we're creating seats. We're doing all of the things that Nova Scotians would hope and expect us to do to start to make strides on the human resources. We can't wave the magic wand, but we are making progress. We've created the new Physician Assistant program starting at Dalhousie University. We're in the midst of starting up a medical school at Cape Breton University. The list could go on, and I'm sure we'll have an opportunity through the session here today to discuss.

You're right, it's a challenge, but we can't just solve it with a snap. It takes a long time to produce a qualified health care professional. We scour, we go where we need to go to bring people to this province. We can't do it fast enough.

THE CHAIR: Seven minutes. Ms. Chender.

CLAUDIA CHENDER: That's actually a great segue because it does take a long time to produce a health care professional. It is much more inexpensive and effective and ultimately good for the province if we can keep the ones we have, and we have been bleeding paramedics for a long time now. I guess one of the things that I want to get to is: Why haven't we had more of a focus on retaining the paramedics that we have in this province? Paramedics were excluded from the MOST program expansion that this government put out at the beginning of their mandate. They didn't get those incentive bonuses to train local Nova Scotians in paramedicine. They didn't receive the lauded raise that the CCAs received outside of collective bargaining. We can talk about whether or not that was a good thing or a bad thing, but it retained some CCAs who were in those positions.

Their compensation has been stuck at the bottom, and what we hear from paramedics - and we've heard this for years – is we're the best-trained and we're the lowest-paid. People used to train here, get on a rig - because you could do that, and Jeff is nodding, Mr. Fraser, he knows this is true - and then they would leave. They'd get the experience they needed and then go to Ontario or they would go to Alberta or they would go to a place where they could make twice as much money with the experience that they got in Nova Scotia from our system, and that hasn't stopped. The only think that has stopped is they don't stay to get on a rig anymore, and in some cases they don't even sign up for the training.

It's a dwindling pool, but we have paramedics here who are leaving in droves. My question is: I'd like to hear the specific efforts at retention that are happening right now in terms of compensation, in terms of health support, because it's a very, very challenging workforce and I have ethical concerns about bringing people here to do these jobs that people are burning out from day after day after day and expecting a different result. We can't do the same thing and expect a different result, and it feels a little bit like that's what we're doing in terms of workforce.

THE CHAIR: Mr. Daniel. (Interruption) Mr. Fraser.

JEFF FRASER: To echo what Mr. Daniel had said earlier, it is a tough environment. To answer your question around retention, the department put together a committee about two years ago really focusing on recruitment and retention initiatives. The first part of that thrust was about bringing people in. We knew that we had to try to get the union and the company to the table early, which we were successful with. Now that process has to unfold. Hopefully, we'll be able to address some of those issues through that process.

That's just one part. The retention issue is - Mr. Daniel said it's a tough environment right now. To be clear, I wouldn't want to represent that to your point. I'm not in the field and not in the trucks anymore but yet I'm very well aware of the challenges that are out there. There is nothing more frustrating to hear from a paramedic or to be one and to see the last ambulance in a community go for a call for a patient who may not necessarily need transport to the hospital that goes already to a busy hospital.

Our focus in doing what we can do with the box we have to work with really is about improving the experience for the patients that we see and improving the workplace conditions for paramedics. Our focus has been on keeping people out of the emergency department who don't need to be there. There are many things we need to do, but that's really been some of the focus.

Some of those ideas, MLA Chender, have come through EMCI's Employee Advisory Council. To give you an example, the Direct to Chairs directive piece that the department helped EMCI put in place was a result of that: experienced paramedics seeing patients who believed that they can jump the queue, so to speak, by using the ambulance service to go to the emergency department, when really it's not an emergency because they need to use an alternate care pathway. Our focus in the last year is trying to improve the workplace conditions by providing paramedics options that they can do with their patients, versus just the traditional taking people to the emergency department.

Many things to do but those things - getting to the table early and trying to get a tentative agreement that we can get ratified and then focusing on what's in our control for the work environment - along with that come the supports in place for paramedics that weren't there before. We have a physician 24 hours a day, boots on, in that centre who is there to guide paramedics through some of these difficult decisions and conversations they have to have with families. The nurse program that we put in place is really more about creating capacity and giving a patient a better experience. We've only been up and running since November. I understand people's patience, but there's been a lot of investment that now has been sunk. It's in place. Now we have to just see what's going to happen.

Our non-critical-care aircraft - I could tell you as a former operations director at Emergency Medical Care Inc., when I would go to Sydney and Yarmouth, I would often hear from paramedics and about how long they'd be out of their communities, how uncomfortable it was for their patients. This aircraft - really we've only had this in the air since the 7th of August, and from the 7th of August until the 30th of September, we've moved 132 patients and returned about 1,320 unit hours to create capacity in communities. Nothing is fast enough for me, but we just continue to push.

As we get these programs up and running, then we look at what else we can do to improve the patient and the paramedic experience all the while improving the public safety piece.

THE CHAIR: Ms. Chender, one minute.

CLAUDIA CHENDER: I only have one minute. What I did want to ask about, and maybe my colleague will pick up on this, or my colleagues in the Opposition, is the contract with EMCI. Nova Scotians feel like we have a public ambulance service, but we don't, actually. We contract a private company. That's a $165 million contract. My understanding is that no penalties have been paid regarding performance standards. I understand there are

choke points, there are primary care issues; nonetheless, we do contract a private company. I wonder whether there will be penalties. There was a recommendation from the AG's report, 1.3. The department says it's going to take another year. If someone could speak to that in 20 seconds and maybe pick it up after.

THE CHAIR: Mr. Fraser.

JEFF FRASER: We're really looking at - we need an exemption process. Ms. Chender, I think we're trying to . . .

THE CHAIR: Order. Sorry about that. We'll now move on to the PC caucus for questioning. Just so folks know, the second round of questioning will only be six minutes because we have a lot of committee business. Mr. Young.

NOLAN YOUNG: I just have to say, I find it ironic that the former Health Minister can sit over there and point fingers after seven or eight years of their inaction. We finally have a government that's actually listening to health care workers and working to improve conditions. It's not going to happen overnight, but we're listening. We're working hard to improve things for Nova Scotians.

I have a question. I'll direct this to the Department of Health and Wellness or Emergency Health Services, but could you talk about the efforts that are currently happening to recruit and retain more paramedics?

THE CHAIR: Mr. Daniel.

CHARBEL DANIEL: We are laser-focused on the retention and recruitment of paramedics in this province. We are not leaving any stone unturned. I spoke earlier about the Employee Advisory Council that we have formed, which we use as guidance on what the best ways are for retention of paramedics, what to do in the work environment, what to do from a health and wellness standpoint, physical injury standpoint, and the work itself.

As my colleague Mr. Fraser mentioned earlier, some of it is focused on the work that they do being rewarding, making sure that our clinicians are focused on doing the clinical work that they've been trained to do. We've seen that by what we've done and how we've enhanced the service delivery and patient care and quality care in this province by expanding the transfer service through non-clinicians and having paramedics focus on the work that they've been trained to do, by expanding the single response units and growing that system within Nova Scotia, and again creating pathways for our teams to grow.

On the compensation front, as mentioned, we are in collective bargaining. There is a tentative agreement on the table right now, and it is out for ratification over the next couple of days. We are excited to see the votes over the next couple of days and where that takes us. Previously there was a comment about why this wasn't addressed earlier, and we

do have to respect the collective bargaining process. It is a three-year contract, and this vote will tie in a collective agreement for three years as well.

[10:00 a.m.]

On the recruitment front, we have been working tirelessly across the globe. The shortage of paramedics that we see in Nova Scotia is across every jurisdiction and every part of the globe, as we're witnessing right now. One of the challenges and upsides to Nova Scotia is that we have such a vast scope of practice for paramedics here on what they're able to do. That's the upside. The challenge is that mirroring that scope and care of what paramedics get to do in Nova Scotia for recruitment becomes a challenge because we can't just recruit from anywhere. Hence the focus on places like the United Kingdom, the USA, Australia, parts of Europe, the Middle East, India, where we've been travelling to and working on these recruitment efforts.

Locally, there have been a lot of initiatives that have been supported by this government to help increase the number of paramedics in this province that are trained and taking the programs. First off, we see the expansion of the programming across the province where we've seen classes now starting in Yarmouth and Stellarton with a focus on trying to train paramedics in the communities where they live and where they want to work.

We've seen a subsidy announced by this government for $11,500, which covers nearly 60 per cent of that tuition, and in return has a three-year service agreement for paramedics to stay in this province and work within this system. We've seen a graduated license a little over a year and a half ago, which has reduced about four months of time from a paramedic, by the time they complete their programming to entering the workforce. Previously they had to wait to take the licensure exam, and that takes quite a bit of time. Now they're able to enter quicker.

Most recently, as of two weeks ago, we saw the announcement specific to Nova Scotia where students who want to become paramedics can apply for student visas and streamline to take the program here and enter a process where they can get their work visa and permanent residency and so on and so forth.

All of these barriers that are coming down are definitely streamlining and easing the process to increase the workforce, but as mentioned by all of my colleagues here, it takes time.

NOLAN YOUNG: We know there are challenges around staffing shortages, and they're leading to delayed response times due to lack of coverage. I'm just wondering, how is EMCI working to ensure EHS has adequate staffing and coverage?

CHARBEL DANIEL: I touched on some of these earlier through the Employee Advisory Council and how important it is for us to retain our workforce. Really, it's the model change and the system design that we've been working closely with the Department of Health and Wellness on, and moreover about providing the right resource for the right patient at the right time through feedback from our frontline staff.

When we talk about the expansion of the transfer service and what we've done there over the last couple of years and continue to do, especially through the launch of the fixed wing a couple months ago and further transfer units being added to the system, these have added capacity to the system. They've added capacity to our 911 ambulances to respond to 911 calls, and it's introduced a different level of care, a different practitioner called the Clinical Transport Operator, of which we've recruited over 150 over the last year and a half to supplement our team. This allows us to leave the ambulances in their communities, respond to the calls that they need to respond to, and not do the transfers that they've been previously assigned.

To put that into context, 80 per cent of all transfers two years ago were done by ambulance. That means they did 45,000 transfers across the province. Today we're happy to announce that these ambulances are doing less than 14 per cent. That's under 10,000 transfers. That means 35,000 transfers they used to do they're not doing anymore. They're being available in the communities, they're responding to 911 calls.

Moreover, building on providing the right resource for the right patient is with our single response paramedics. We know and we've seen 70 per cent, even up to 80 per cent of the calls we receive are low-acuity. They're non-emergent. A lot of those don't need or require an ambulance or a trip to the ED. In growing that side of the service, which also just recently, a couple years ago, was introduced in collaboration with the virtual care team that we have in the communications centre, made up of a physician, nurse, and paramedic that are stationed there 24 hours a day - which, may I add, is one of the only communication centres that has that in this country - work to address these low-acuity patients and provide them alternate pathways. They provide the means to have their needs met without having to be transported by an ambulance or to end up in an ED where they're not necessarily needed to be seen.

It's these types of programs, these initiatives that we've been planning and putting in place over the last couple of years, that are truly expanding our service and ensuring that we've got the right resources for the right patients. Moreover, what I'm getting at is it's not just about adding more ambulances to the system. If that's all we did, if we didn't expand the transfer service, if we didn't introduce single-response service, and added ambulances into the system, then we would just be transporting more people to the hospitals where they don't need to be.

THE CHAIR: MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: I looked through the report and read recommendations that are there, and I'm happy to know that they've all been accepted. I understand from reading it that some of them have already been implemented. I'm just wondering - the ones that haven't been and they have targets - what kind of things you're going to do to work at addressing the recommendations collectively, and also how you were able to act on a couple of them so quickly. Maybe toward the department.

THE CHAIR: Mr. Beaton.

CRAIG BEATON: Happy to take that question. You are correct, we have been acting on a number of them, and I'm happy to report that three of those recommendations are already completed and implemented. I just want to give you a little bit of context as well, because this has been ongoing work that we've been doing since the Fitch report was tabled a number of years ago.

One of the things that we've done internally was a functional assessment within our division in 2001. Some of the recommendations that came out of that outlined some gaps that we had in terms of our oversight. What we quickly were able to realize is that we didn't have the clinical expertise within the Emergency Health Services division that we needed, so we were able to put out a recruitment campaign to be able to fill those positions. Happy to report that we actually were able to secure Mr. Fraser here - a 30-year paramedic who also worked with Emergency Medical Care Inc. for a number of years. He was no longer working there and quickly onboarded into the role. We've been increasing our capacity within that function ever since.

As a result of that, we've been able to move really quickly on a number of initiatives that Mr. Daniel has outlined, to the tune of about $27 million in the last two years, which is a significant investment in Emergency Health Services. As we've said earlier, those are just starting to take root, and we're starting to see progress within those initiatives. They're going to continue to build on in the future.

In addition to that, Ms. Oldfield talked about data. We're laser-focused on data as well. Part of our review outlined that we were insufficient in our capacity on data. During the audit period, we actually staffed up on our data capacity, and we are actively monitoring data on an ongoing basis, which I think addresses some of the questions around how we monitor the contract going forward. With the Chair's permission, I would offer Mr. Fraser to talk a little bit about that, but I'll leave it up to you.

THE CHAIR: Ms. Sheehy-Richard, would you like Mr. Fraser to speak further?

MELISSA SHEEHY-RICHARD: I'd like to hear a bit more.

THE CHAIR: Mr. Fraser.

JEFF FRASER: Assistant Deputy Minister Beaton's point is that we had to build capacity to be able to do this in our team. We moved from a contract manager into an active regulator. That role for us is a bit different because, really, it's a balance of advocation and accountability that goes into that. A lot of focus these days is around response times. This is important to people. It's important to us as well. However, we are moving toward a different type of response reconciliation process that focuses on outcomes. Very few jurisdictions in North America have undertaken this piece. Not only Emergency Medical Care Inc., but the department has also received some information from Fitch about how important this is, and we're watching a place in Tennessee that's moved to this.

Essentially, the issue here is that speed is important, but the quality of care is probably more important. Just being quick doesn't necessarily equate to quality care. What we intend to do as an active regulator is build a process where we will monitor and reconcile response times, but it's about: Did we choose the right paramedic? Did they take the right route? Did they perform the right medicine? What was the patient's outcome? That's what we want to move into.

Response time management in Emergency Medical Services - I myself have been involved over three decades, and I've seen this progress over time. First, as all of our systems - here, Ontario, and British Columbia - collectively got together and began to organize and deliver service, it was all about speed, (inaudible) accountability. The next iteration of that is: How well did we do? Has it improved the patient's outcome? What I can tell you is that every patient doesn't need an ambulance in fewer than 30 minutes, fewer than 15 minutes, and fewer than nine minutes. What's important is that we put the right practitioner with that patient.

Assistant Deputy Minister Beaton spoke earlier about the SPEAR units - the single paramedic units. Those units focus on low acuity. We have a lot of low-acuity patients who we see in the Emergency Health Services program, and giving these patients options has them a part of solving their own issue. One year of my career that I stepped out of the Emergency Health Services system, I had the privilege of being the Executive Director for 211. I got to see another aspect of people and what can happen when you empower them in making their own decisions. This is exactly where we want to take this service.

Although we may not be as quick as the Auditor General and others would like, the reality is we want to do this well, and we want to have something meaningful at the end of the day that we can actually say the changes we made in the system have improved outcomes for Nova Scotians. Not just speed. It's about the outcomes. That's really what our focus has been.

THE CHAIR: Seven minutes, MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: As we talk about our population growth being record-breaking and the announcement of bringing in some paramedics from abroad, I'm

just wondering about the system pressures that the AG did mention in her report. There are two factors that do contribute to that: population growth and our aging demographics. I guess what I'm wondering is: What are we looking at towards how we can address that growth? What are we doing to build a health care system that will bring us into the future?

THE CHAIR: Mr. Fraser.

JEFF FRASER: Again, it goes back to programming. The EHS system, just doing things the same way, which is being dispatched and arriving and then transporting to the hospital, is what we're trying not to do. There are a number of patients who are sick. We need to make sure we've got the capacity so we can be there for them when they need us, but the other patients - again, it's about creating a different experience for them, so we're trying not to do the same thing. We talked about the Fitch recommendations, that Fitch report that was received in 2019. There are a number of initiatives around community paramedicine. We intend to expand on that in the future.

At the moment, we're really about shoring up our base and making sure that we're able to meet the mandates and the challenges ahead of us, but our focus in the not-too-distant future is about holistically having purposely built units that are deployed to be able to give the patients what they really deserve. That's what our focus is. It's going to be on delivering better care across the system.

MELISSA SHEEHY-RICHARD: I do want to say that when I was door-knocking, and I started early on - it was about a year before the election was called - on the doorsteps, I can remember repeatedly being asked: Why are we not looking at that report, and why are we not looking at these recommendations? It is refreshing to hear that that work is already being done, and I hope that as we continue to build on that and see what improvements are making a big impact on people's lives, both those who work in it and those who are receiving treatment from it. It's good to hear, but I know that a few of us on the table have questions, so I'm going to pass it. I think if my colleague Mr. Taggart is ready, I will pass the question to him.

THE CHAIR: MLA Taggart.

TOM TAGGART: What's the time left?

THE CHAIR: About five minutes.

TOM TAGGART: Thank you.

THE CHAIR: Four and a half.

TOM TAGGART: Thank you, Madam Chair. My question is to the Department of Health and Wellness. The Minister of Health from the previous government in 2019 and

2021 issued two separate directives to Nova Scotia Health in relation to off-load times at the emergency departments, and off-load times went up again just a few short months after the directives were issued. Off-load times continue to be a consistent pressure affecting response times, highlighted in the AG's report. In Budget 2022-23, $3.4 million was allocated in part to enhance virtual care services at emergency departments, and an ED improvement plan was released in the Spring. Can you speak to the impact this is having or will have in helping with off-loads? I'm particularly interested in the virtual care emergency rooms and how this is making a difference in who staffs it.

THE CHAIR: Mr. Beaton.

CRAIG BEATON: I think I can start and then maybe I can pass it over to my colleagues at NSH to give you some specifics about the virtual emergency care. There are many initiatives that are under way. I think we talked about a number of them that are geared towards improving off-loads. One example would be in three different hospitals. We have off-load assessment teams whose role is to really try to look at triaging patients to be able to move them quickly into Direct to Chairs as we've talked about earlier in one of those policies. We also have instituted, I believe, in five different locations - and Dr. Boutilier can talk more about this - a program called FLOAT MD where we actually have physicians who are doing triage in conjunction with the paramedics to help move patients through the system quicker. For additional specifics, if Dr. Boutilier could maybe take a bit on this one.

THE CHAIR: Dr. Boutilier.

DR. NICOLE BOUTILIER: I'm very glad that you mentioned some of our other opportunities, because really ED off-load is a symptom of the whole system overcrowding. Every bit of our system is impacted with this problem. Our capacity has grown over the last few years. We're doing more and more surgeries. We've increased our number of long-term care patients. All of those pressures impact this, so everything we can do to kind of off-load from the emergency room is important. We've created over 55,000 appointments in July alone for primary care access that didn't exist before with various platforms. With the virtual emergency department pilots, we're looking at off-loading even more folks who can have faster service if they go through a different route. We've had 2,400 appointments recently that have been diverted through the virtual care emergency department.

All of these things work together to help off-load these increased pressures on our system. We know from the Need a Family Practice Registry that 50,000 people have come into the province without care. It's the population growth, the age of the patients. Our numbers continue to climb with ALC, long-term care, and long-stay patients in hospital. Our capacity runs regularly at 110 per cent. We're continually finding new ways to change our models of care to deal with not only the staffing pressures but also the new pressures that we feel from the various points in our system that are happening.

[10:15 a.m.]

Virtual emergency department is one of those things. We have the things inside the emergency room itself that we've looked at. FLOAT MD - giving all the regionals the opportunity, if they have the staffing, to create another physician path to the hospital to actually be in there with the paramedics, and assessing the patients quickly. Colchester, for instance, has implemented that fully, and they've cut their off-load times in half over the last nine months.

There was something mentioned earlier about nobody meeting the target. St. Martha's Regional Hospital and Aberdeen Hospital meet the target regularly and have employed some of these strategies fully, and we continually try to learn from our colleagues in different places.

THE CHAIR: Order. Time for the PC questioning has elapsed. We'll now move on to Liberal questioning. The second round is six minutes, as I mentioned earlier.

MLA Churchill.

HON. ZACH CHURCHILL: I do want to thank the member for Shelburne for providing an example of one of the issues that we have in the political leadership in the government - a government that ran on a promise to fix health care, but now that they're two years into their mandate and the situation is getting worse, the tactic becomes to point fingers and lay blame. I will say that's very different from what we saw from the public servants at the table today who are taking responsibility and working to achieve improvements - folks whom I used to work with as well.

I do think this is a problem with the governing elected caucus. It seems to be a party that's more focused on the politics in health care and less on the outcomes of health care. The member said they finally have a government that's listening to health care workers. In some cases, that's true. People do feel heard by the government. Credit where credit is due. But on this issue, this is also a PC caucus that voted down a motion to have paramedics present themselves at this committee when, as the Auditor General highlighted - again I'll highlight to the member for Shelburne and the members of this committee - this report comes from 2022, decreasing access and the situation getting drastically worse under this government, not a previous government.

They said no to paramedics coming in despite the fact that we have more paramedics leaving the profession this past year than ever before. We've gone from having a 3 per cent rate of ambulances being understaffed to 25 per cent being understaffed. Off-load wait times are the worst we have ever seen in our province's history. More people are dying in hospital. We're hearing from emergency doctors that people are dying needlessly, in part because of ambulance wait times and the off-load wait times.

We've had a diagnosis of this in the Auditor General's report, pointing very specifically to actions that this government has or hasn't taken that have contributed to this: closing rural emergency departments, allowing more paramedics to leave, delaying the biggest health care development project in our province in a generation, and less accountability between the Department Health and Wellness and the Nova Scotia Health Authority as more of the Nova Scotia Health Authority's work has come out of the Premier's Office.

Then the governing caucus has the nerve to take credit for things that were done under the previous government while they point fingers and lay blame on a previous government - like the Fitch report.

THE CHAIR: It's the circle of life.

ZACH CHURCHILL: These sorts of things. I do think we need to see the elected government - that was elected to fix health care - take responsibility and be accountable for this, and be less interested in trying to blame everybody else for every single challenging issue that they have to deal with. They're in government now. They're no longer in Opposition. I think if they take that mindset, we'll actually start seeing, hopefully, some more improvements in health care.

One thing that the Auditor General did point out that I do want to ask about - she did highlight that when ministerial directives were given in 2019 and 2021 that we did see a reduction in off-load wait times. Are those ministerial directives still being utilized?

THE CHAIR: DM Lagassé.

JEANNINE LAGASSÉ: The directive and the standard of 30 minutes, yes, is still in place. I think we've spoken a lot today about our efforts to try to get there. We are not there. We know that the Auditor General's report has confirmed that, but we are working tirelessly to try to get there.

THE CHAIR: Mr. Churchill, two minutes.

ZACH CHURCHILL: We have heard about moderate improvements in off-load wait times, but I do think it's important to put that in perspective for the committee. The off-load wait times remain between 153 minutes to over 170 minutes. Dartmouth General is over 100 minutes. The previous one was at the QEII. Cape Beton Regional is over 100 minutes, and the Cobequid ED is over 100 minutes to off-load. The report outlines that the QEII remains to only meet the 30-minute off-load mark nine per cent of the time, and Cobequid and Dartmouth General are only eight per cent of the time.

Yes, we've seen some moderate pullbacks, I think temporarily, in off-load wait times, but we have seen exponential growth. As the Auditor General pointed out, we've

seen close to an 80 per cent growth in off-load wait times in the province just over 2022. Again, we have a government that doesn't allow paramedics to present at this committee while they say that they're listening to health care workers, and at a time when we have more paramedics leaving the profession than ever before.

We have a caucus that wants to pat themselves on the back and point fingers and lay blame when more people are dying in and outside of hospital, when fewer people are getting the critical care they need, when more people are waiting longer for ambulances, and where paramedics are stuck - sometimes 12 ambulances deep - at our emergency departments trying to get patients into hospital. We do need to start seeing some responsibility taken at the political elected level on this issue, or we're not going to get anywhere.

I will ask . . .

THE CHAIR: Order. Time for Liberal questioning has elapsed. NDP. Ms. Chender.

CLAUDIA CHENDER: I'm just going to take a moment because, as has been mentioned, our motion to bring the IUOE before this committee was voted down by the government caucus, and because MLA Taggart somehow wanted to challenge the notion that I raised that here. I will read from the March 14, 2019, meeting of the Health Committee, Hansard:

> "TAMMY MARTIN: Being from Cape Breton, I have known many instances where there have been zero ambulances available in CBRM. I also know that sometimes the nearest ambulance is in Baddeck or Antigonish. If that was my family member who needed an ambulance, let me tell you, you would hear me screaming from the rooftops. What happens when I call an ambulance - God forbid - in New Waterford, and the nearest ambulance is in Baddeck?
>
> TERRY CHAPMAN (then-business manger of IUOE): You wait.
>
> TAMMY MARTIN: My loved one has just had a cardiac arrest.
>
> TERRY CHAPMAN: You wait with a person who will probably be non-living when they arrive.
>
> TAMMY MARTIN: How that doesn't infuriate the people of this House boggles my mind each and every day.
>
> TERRY CHAPMAN: I agree with you."

That was 2019. All of the statistics have gotten worse. We'll table that, and I think it's very relevant to this meeting. I'll turn it over to my colleague, MLA Lachance.

THE CHAIR: MLA Lachance.

LISA LACHANCE: I'm going to make the most of the brief minutes that we have left. I appreciate the large team, and I know that people are working hard to make the health care system better in Nova Scotia, and I know it's the system. I do understand that. At the same time, we have a contract in place with a private-sector provider for these services. Contracts, by their nature, are detail-oriented and contain obligations and conditions, and that's an important piece of the puzzle. There haven't been any penalties paid for failing to meet performance standards. I'd like to revisit that question: Why? When will performance standards be held to account within this contract? If we're not holding them to account in this contract, how do you decide which contract you let go or which standard you uphold?

THE CHAIR: Mr. Beaton.

CRAIG BEATON: I would refer back to some of the comments that we made earlier around some of the changes we've done within the EHS branch, really moving from, as Mr. Fraser has said, what I would say is from a contract manager to an active regulator. Part of that is looking at the ways in which we monitor response times and performance standards broadly within the contract. I can tell you that we have taken steps with the data that we're currently collecting now to hold the contract as it currently sits to ensure that those standards are being met.

We've had those meetings and discussions with the vendor, EMCI, which is here with us today. They are aware that we're stepping into that role and that going forward, as Jeff has outlined, there will be outcomes that are going to be based on clinical outcomes that we'll be monitoring within the performance.

LISA LACHANCE: Will penalties, as provided for the current contract, be levied against the provider?

THE CHAIR: Mr. Beaton.

CRAIG BEATON: If the conditions are met that warrant the penalties to be levied, yes.

LISA LACHANCE: When will that start?

CRAIG BEATON: We're actively monitoring the performance right now, so it would depend on whether or not performance targets were not met.

THE CHAIR: Two minutes. Mx. Lachance.

LISA LACHANCE: One of the things in the response was around the use of the audit clause, and the Auditor General recommends that the department use the audit clause. The response from the department is not quite clear if a review or audit has ever taken place. Has it, and can it be provided to the committee, and if it hasn't, why not?

THE CHAIR: Mr. Fraser.

JEFF FRASER: As we had indicated earlier, as we're building that capacity, one of the pieces moving from a contract manager into a regulator was to have data independence. We built, in partnership with EMCI and our own folks at the department, a data pipeline which allows us to go in and actually monitor things live ourselves and look. That's been a build over the last year, year and a half. It certainly is a priority for us, but along the lines, we're also trying to increase capacity at the same time.

I think if you refer back to the AG report, you'll see in there that they surmise that the operator can't hit the targets because of the challenges we're having around the off-load pieces. There is no doubt that as we see improvement in the off-load pieces, we're watching very closely. EMCI is absolutely attuned to this, and these are issues that we talk about on an ongoing basis.

To give you a concrete date would be difficult at this time because the answer is, it depends. There are a number of variables in place. However, the department has been building the capacity, and again, I go back to not just looking at whether or not we arrived on time, but looking at the entire piece. How did we do? That's the important part. That build is under way. I can't give you a date today, but it is an absolute priority for us.

THE CHAIR: Mx. Lachance, 10 seconds.

LISA LACHANCE: I appreciate the response, but I think we need to hold the provider to account.

THE CHAIR: Order. Time for NDP questioning has elapsed. We move on to the PC caucus. Mr. Taggart.

TOM TAGGART: A little bit earlier in our session this morning, our previous Health Minister said we should talk about work that was done by the previous government. We all know that long-term care beds and the need for long-term care beds and getting folks out of the health care system and hospitals is critical there. It's my understanding that when we came into power or took responsibility, there were over 500 long-term care beds empty at that time. Recently they've been filled and additional ones opened, and secondly, I was happy to see an update to the province's build plan for long-term care facilities. Nova Scotia will have another 1,200 new long-term care rooms and replace another 2,300 by 2027. That's real action. That's at least 500 beds added, you might say.

With that, I'll turn my time over to MLA White.

[10:30 a.m.]

THE CHAIR: MLA White.

JOHN WHITE: I did sit here for quite a while, and I listened to the former health minister also say that this government needs to start listening. I just want to point out the fact that we had a Speak Up for Healthcare Tour right from the beginning. In that tour, what we heard from health care professionals was that there is a dire need for Cape Breton to have a cardiac cath lab, not just a bigger emergency room - which I give them credit for announcing. I really feel that politics needs to come out of this because we need to sit down and talk together.

I am not a paramedic, but I will tell you I saw the unfortunate reality of working next to them as a medical first responder, and what those folks go through on a daily basis - you've touched on what the job is. We should be doing everything we can, and party colours should mean absolutely nothing. I really am disappointed to hear the former health minister say it's going to take a two-year window looking at ambulance drop-off times because that is very convenient for him right now. The changes we've put in place are historic. I'll say that. I'm on record. It's historic what we've done. I really feel that we're just starting to see some of those changes. It takes time for things to happen.

When I think of the long-term care beds - when we took over, there was a 200-plus-day wait list. It's down to 50-plus days now. I understand that every long-term care bed in the system is now open. That opens up beds in a hospital. It makes sense, and I would really like to see the former health minister come on side and start contributing some real solutions instead of sitting here criticizing and picking numbers. I'm sorry for being negative, but that is a fact.

Ms. Oldfield, can you tell us about some of the changes in a health system that supports keeping people at home, closer to home, where they need to be? When I go back to the cath lab, for example, I think it's 10 days right now for somebody in Cape Breton to get a catheter put in. It's supposed to be 24 hours. The system relies on each other. Can you speak on that, please?

THE CHAIR: Ms. Oldfield.

KAREN OLDFIELD: One of the principles that we have adopted and are working across the system is to find ways where people can receive care closer to home. That's particularly the case when it comes to Cape Breton or further extremes of the province, like Yarmouth or the northern parts of the province. My colleague, Mr. Fraser, mentioned the LifeFlight example. We've talked about the patient transfers and some of the community care options that have been put in place. That's very helpful.

I don't want to underestimate what we've been able to do and what we will be able to do around virtual. Dr. Boutilier talked about virtual emergency Nova Scotia. An important statistic: she did mention the 2,400 consults. These are people who present in the emergency in their home area and are treated virtually. Of those 2,400 consults, 1,946 were for prescription renewals. What does that tell you? I think that tells us - and it's something that we've known for a long time - that we have to put a lot of emphasis around our primary health care, and we've done that. We've done that through opening different access pathways in communities. For example . . .

THE CHAIR: Order. Order. The time for PC questioning has elapsed. We now have time for one minute for each of the entities to make closing remarks, if they would like, beginning with Deputy Minister Lagassé.

JEANNINE LAGASSÉ: Thank you, Madam Chair, and thank you to the committee for having us here today. We'd also like to thank the Auditor General for her report. It really has allowed us to focus on some initiatives that we had under way and to give us some good recommendations for implementation. I would just like to assure the committee that the team that is sitting at this table today and our teams back at our offices in various locations throughout the province are working tirelessly on this issue. We are leaving no stone unturned, and we are working very, very hard to reach the standards that we know Nova Scotians deserve.

THE CHAIR: Thank you. Dr. Boutilier.

DR. NICOLE BOUTILIER: I just wanted to take a moment to thank our staff and our leadership, who every day come to work and face the challenges and face them head-on and come to work with an attitude of "We can fix this and we want to do the best we can."

I had the privilege of being at the Quality Summit for Central Zone yesterday and hearing about the frontline staff and how they're impacting everything that we do and things that they're putting in place. I wanted to take a moment to thank them.

THE CHAIR: Mr. Daniel.

CHARBEL DANIEL: I want to share a recent quote that I read. I may slaughter it a little bit, and I apologize for that, but it goes along the line of: Somebody somewhere is sitting in the shade today because somebody planted a tree a long time ago. Let's not kid ourselves about the work that's happening in the last couple of years. We're planting a lot of seeds. We're in a place we've never been, trying to get to a place that we've never been, and that means we have to do work that's never been done before. Sometimes that work isn't all favourable, but that's the cost of making difficult decisions in difficult times.

I'm confident that with all the work that's happening, in the near future we will all be sitting in the shade. Thank you.

THE CHAIR: With this, committee members, you're free to go. We're going to take a two-minute recess. Two minutes only. I'm going to ask everyone to pick up their stuff and move out, because we have lots of committee business to do. Thank you so much for coming. We are now in recess for two minutes.

[The committee recessed at 10:36 a.m.]

[The committee reconvened at 10:38 a.m.]

THE CHAIR: Mx. Lachance.

LISA LACHANCE: I think that was a really important discussion, but I think it's really just the start. I think from this really critical report, we can see that Nova Scotians remain at risk when they seek emergency health care, and I think there's a wealth of information that we just didn't have a chance to get through today. There are a number of recommendations that really no one was able to touch on and have a discussion about, so we don't have answers on how the government will hold EMCI accountable for medical record uploads, when a paramedic staffing plan will be ready. We didn't have a chance to ask about bonuses for EMCI management, exit interviews, and we also didn't have the chance to hear from paramedics themselves.

I move that the Public Accounts Committee add a second meeting on its schedule on the topic of ground ambulance services with the witnesses, the CEO of Nova Scotia Health, the Deputy Minister of the Department of Health and Wellness, EMCI, and IUOE 727.

THE CHAIR: Any discussion on that? Mr. Young.

NOLAN YOUNG: I was just looking at the order of committee business and stuff and following the agenda. We have a tremendous . . . (interruption).

THE CHAIR: I'm just trying to get some topics in here. If we can move through this quickly. This is related to what we would normally do, which is the endorsement of Auditor General recommendations. The member did signal that she wanted to make a motion related to that, because it flows out of that. If we could just deal with this motion, please. Any discussion on this motion? MLA Young.

NOLAN YOUNG: Could I suggest that - we do have an agenda-setting process. This is a very important topic that we could perhaps submit as a potential topic during the agenda-setting.

THE CHAIR: MLA Lachance.

LISA LACHANCE: I certainly appreciate the role of process and process-following, but we are discussing this right now. We just were able to have a fulsome discussion, but there is so much more in this report, and it's so critical for Nova Scotians' health, that I think we need to spend more time digging into these recommendations and findings. I don't understand why the government would be reluctant to have another discussion on health priorities and on this really critical issue. I'm not intending to circumvent any process or any agenda-setting process. What I was suggesting is that we didn't finish with the topic today, and we need more time with it.

THE CHAIR: Certainly I would recognize that we did not have as much time as we often do, simply because we had so much committee business to do today, so I will just say that. MLA Maguire.

HON. BRENDAN MAGUIRE: I'll be the first to put on the record that I agree with Dr. Lachance on this. I think that this is a very important topic and obviously, we're hearing - I think from the government side, I think it went fairly well for them today. I don't know why they wouldn't want to continue along with this. We would be in support of bringing some of the witnesses - we don't have to have them all - but it's a very important topic, and I think if this is truly a government that's looking to fix health care, I think these kinds of conversations help.

THE CHAIR: MLA Young.

NOLAN YOUNG: Listen, this is a tremendously important topic, absolutely. I'm not trying to defer anything. I'm just trying to go through the process here. We've had committee business with witnesses for several weeks we've been dealing with this now, and I agree, it's important to Nova Scotians, incredibly important. I'm going to make an amendment that we defer that topic to the next agenda-setting.

THE CHAIR: With the committee's indulgence, I really just want to move on. We need to get topics selected. Would the committee members please agree to vote now and cut off discussion on this particular item? MLA MacDonald.

JOHN A. MACDONALD: I promise, it's quick. I'm just wondering if the Auditor General is going to be bringing this back anyway as a follow-up. That's my question. That's why I said it was quick.

THE CHAIR: It's in two years. MLA Lachance, if you don't mind, we're going to vote now, okay? We are voting on…(interruption).

Sorry, I didn't hear a motion. I didn't hear the word "motion." I'm so sorry. I apologize. I missed that. We'll now vote on the amendment to defer. It's a motion to defer.

You said it was an amendment, but it's not an amendment, it's a motion, is that right? (Interruption) No.

[10:45 a.m.]

BRENDAN MAGUIRE: Just quickly. I need to know the procedure here. I need to know what the procedure is. It's only fair that we know. We have two motions on the floor. One is to defer. Does that nullify her motion?

KIM LANGILLE: No, it just defers it, depending on what the result of the vote is.

THE CHAIR: Hers was on the agenda first, his came up, so it's like an amendment, but it's not an amendment.

GORDON HEBB: It's not an amendment. It's a decision by the committee to put off further discussion of the motion until a future date. The motion is deferred.

THE CHAIR: That's the one that we vote on first?

GORDON HEBB: Yes.

THE CHAIR: We are now voting on the motion to defer.

All those in favour? Contrary minded? Thank you.

The motion is carried.

MLA Lachance.

LISA LACHANCE: Actually, that was what I was going to just address. I think - I often sit in a Chair-like position, and I know how difficult it can be, but if we can refer to members, because there were a bunch of pronouns thrown around there about "hers." I have asked very specifically in this House, and the Speaker of the House has made it clear that my pronouns are they, so "their question" would have been more appropriate. I would ask all members to keep that in mind. We just call each other MLA Lachance, MLA White. It cuts out all the need to worry about stuff like that.

THE CHAIR: Thank you, MLA Lachance. I apologize if I was one of the people who did that. I probably was, and I do apologize on my behalf and on behalf of committee members who committed the same error.

We will now move on to endorsement of the Auditor General recommendations. We don't have to deal with MLA Lachance's motion, correct, because it's been deferred? Correct. Now let's move along to the endorsement. MLA Sheehy-Richard.

MELISSA SHEEHY-RICHARD: I move that the Public Accounts Committee formally accept and endorse recommendations contained in the 2023 report of the Auditor General: *Ground Ambulance Services - Department of Health and Wellness and Emergency Medical Care Inc.* that have been accepted by the audited departments or agencies and ask that those departments and agencies commit to and take responsibility for full and timely implementation of the recommendations accepted by those departments and agencies.

THE CHAIR: Any discussion? All those in favour? Contrary minded?

The motion is carried.

Now we'll move on to the record of decision from the September 20th subcommittee. Members have been provided with the record of decision from the September 20th subcommittee meeting. A motion was left on the floor at that meeting regarding the topic Investments in Affordable Housing Programming, Including Student Housing Needs. The motion is as follows: To split this topic into two. One topic would be investments in affordable housing, including student housing needs, and the witnesses would be the deputy minister of the Department of Municipal Affairs and Housing, a representative of the Affordable Housing Association of Nova Scotia, chair of the Executive Panel on Housing in the HRM, and the deputy minister of the Department of Advanced Education.

The second topic would be investments and initiatives to end homelessness, and the witnesses would be the Deputy Minister of the Department of Community Services, a representative from Adsum for Women and Children, and a representative from the North End Community Health Centre. That was moved by MLA Leblanc.

The amendment was to split the topic in two Investments in Affordable Housing Programming with the following witnesses: the Deputy Minister of the Department of Municipal Affairs and Housing, chair of the Executive Panel on Housing in the HRM, and the Deputy Minister of the Department of Community Services, and that student housing needs be added as a separate topic with the following witnesses: the Deputy Minister of the Department of Municipal Affairs and Housing, and the Deputy Minister of the Department of Advanced Education. That was moved by MLA Taggart.

The sub-amendment was to amend the witness list to include a representative from city council and/or a representative from the Municipal Housing Authority, moved by MLA Maguire. I will now open the floor for discussion, or we could just vote and actually have a topic. Seeing no discussion - the sub-amendment, correct. We're voting on the sub-amendment to amend the witness list to include a rep from city council and/or a rep from the Municipal Housing Authority. All those in favour? Mr. Maguire.

BRENDAN MAGUIRE: We will get to a vote, but I just want to say, just for the record, for those who didn't see it yesterday in the Community Services Committee, the Mayor of Bridgewater was here and specifically talked about this and said that the municipality is being left out of these conversations. The Nova Scotia Federation of Municipalities has been very clear on this also, and so we now have municipal leaders on the record saying they're being left out of this conversation and they want to be part of the solution. I'll leave it at this: One of the things he touched on was the recent announcement on public housing by this government was great, but what the mayor said was they are not going to be able to do it because they don't have the infrastructure in place: water and sewer.

If we're going to have this discussion and if we're going to move forward with this, we need to have everybody at the table. There's absolutely no reason why a non-partisan member of a municipality or NSFM should not be here for this discussion when they were here yesterday begging to be part of the discussion.

THE CHAIR: All those in favour of the motion? Contrary minded? Thank you.

If the clerk could call the roll.

YEAS	**NAYS**
Hon. Brendan Maguire	John White
Lisa Lachance	Melissa Sheehy-Richard
Hon. Kelly Regan	John A. MacDonald
	Tom Taggart
	Nolan Young

THE CLERK: For, 3. Against, 5.

THE CHAIR: The sub-amendment is defeated.

Then the amendment. This was the one by MLA Taggart to split the topic into Investments in Affordable Housing with the Deputy Minister of Municipal Affairs and Housing, the Chair of the Executive Panel on Housing in the HRM, and the Deputy Minister of the Department of Community Services, and then Student Housing Needs be added as a separate topic with the following witnesses: the Deputy Minister of Municipal Affairs and Housing and the Deputy Minister of Advanced Education.

Any discussion? MLA Lachance.

LISA LACHANCE: Can I just clarify, please? That motion by MLA Taggart effectively changes the motion by MLA Leblanc. Can I make a comment on the motion?

THE CHAIR: Yes.

LISA LACHANCE: I really appreciate the addition of student housing needs, but I'd like to retain, as well, a focus on homelessness. I really do think we need to hear from the Deputy Minister of Community Services, and we also need to hear from folk who are implementing these programs - so Adsum for Women and Children and the North End Community Health Centre as well. I'm not supporting the amendment as proposed by MLA Taggart, but I am suggesting that we would support it with the re-addition of the witnesses as cited above and that homelessness remains a part of the title - Housing Needs and Homelessness.

THE CHAIR: Mr. Maguire.

BRENDAN MAGUIRE: I just want to put it on the record here that Mr. Young, the Vice Chair, and others on that side have talked about when it's time to pick topics and when it's time to add topics. When we try to do that, they tell us there's a process to go through, and literally this is what they're doing now. They're splitting a topic into two, so the hypocrisy of this is not lost on me and hopefully the member on this side. The truth is that when we try to do that, you tell us there is a process and there is a topic selection committee to do this. Now you're saying that you can't do this. You just said it to the NDP, that there's a process when it comes to topic selection, and now you're adding another topic without going through the proper process.

Again, I just wanted to point that out and put it on the record.

THE CHAIR: Could we please vote on this? Folks, put your hands up. Thank you. Mr. Young.

NOLAN YOUNG: Just for clarity, it was the NDP that suggested to break this into two topics, so I don't know - I disagree with Mr. Maguire's premise.

THE CHAIR: We'll now vote on the amendment.

All those in favour? Contrary minded? Thank you.

The motion is carried.

Now we are voting on the amended motion, which is to split the topic into two amendments. We've just been through what the amendment was. I'm not going to read the whole thing again. We're now voting on the amended motion. Mr. Maguire.

BRENDAN MAGUIRE: To be clear, this is to take one topic and turn it into two topics?

THE CHAIR: What the amendment was that we just voted on, that's what this new motion is now.

BRENDAN MAGUIRE: So we're adding a new meeting and a new topic, is what we're doing here, without going through the proper process. I'm just saying - that's what the subcommittee is for.

THE CHAIR: Are we done with our comments? Can we vote?

All those in favour? Contrary minded? Thank you.

The motion is carried.

We'll now move on to child care. Information was sent to members seeking clarification relative to the topic Canada - Nova Scotia Childcare Agreement. Is the committee interested in the Canada-Wide Early Learning and Child Care Agreement or the Canada-Nova Scotia Early Learning and Child Care Agreement - which are apparently two different things, which I don't think people realized? Or we could just say, why don't we meet on both and that way we don't have to have a long discussion here about which is which? MLA Lachance.

LISA LACHANCE: I do believe that it's the Early Learning and Child Care Agreement that we're particularly interested in hearing about, so both sounds like it will cover it, but just to make sure that it doesn't dilute one . . .

THE CHAIR: Just to be clear, the only difference in the titles is one includes Canada-wide and the other one does not. Both of them have Early Learning and Child Care Agreement in them. They are two different things - we just want to make sure we're meeting on the right one. We understand that it is the Early Learning and Child Care Agreement, but there is one that's Canada-wide and there's one that's Nova Scotia. Mr. MacDonald.

JOHN A. MACDONALD: I'm fine with both. Let's make it easy. The same group is going to be here. Each caucus can ask their questions. We're fine with both if that makes life easy.

THE CHAIR: Any further conversation?

All those in favour? Contrary minded? Thank you.

The motion is carried.

Mr. Young.

NOLAN YOUNG: I'd like to make a motion. I move that for the topic of Climate Change Adaptation: EMO Funding and Preparedness for Emergency Disasters in Nova Scotia, Output-Based Pricing Systems for Industry, the following witnesses be called: the executive director, Emergency Management Office; Deputy Minister, Municipal Affairs and Housing; Deputy Minister, Environment and Climate Change; and Deputy Minister, Public Works.

THE CHAIR: We're looking for our paperwork from . . . (interruption).

THE CLERK: We're on the October 4th record of decision now, right?

THE CHAIR: Just for clarity, Mr. Young, did you move - would the committee like to extend this five minutes? No? Okay. Well, it's the witching hour, folks. Time has elapsed for our committee. Just so folks know, our next meeting is next week, October 11, 2023, Department of Finance and Treasury Board and Nova Scotia Liquor Corporation re the June 2020 Report of the Auditor General-NSLC, Phase I, May 2021 Report of the Auditor General-NSLC Phase II - from the 2023 Report of the Auditor General follow-up of 2018, 2019, and 2020 Performance Audit Recommendations.

The meeting is adjourned.

[The committee adjourned at 10:59 a.m.]